

## Idaho *EMS* Bureau EMS INSTRUCTOR APPLICATION

Please refer to the Idaho EMS Bureau *Training Standards Manual*, section V, Instructor Standards for application approval process and necessary qualification requirements by level.

I am applying for the following Instructor level(s). (Check all that apply):

☐ First Responder      ☐ EMT-Basic      ☐ Advanced EMT-A      ☐ EMT-Paramedic

### Applicant Information:

\_\_\_\_\_  
Name of Applicant (Print)                      Social Security Number                      Phone                      E-mail

\_\_\_\_\_  
Mailing Address                      City                      State                      Zip

Current Level of EMS Certification \_\_\_\_\_ Expiration date: \_\_\_\_\_

EMS Certification/Professional Licensure History (Include Non-Idaho information if applicable) – Levels & Dates:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Check all boxes below that apply / <i>Attach supporting documentation for each course</i> (Certificates of completion, Letters of Verification, Course Rosters...).	Course #	Course Dates	Instructor
<input type="checkbox"/> 1994 Curriculum EMT-Basic Course			
<input type="checkbox"/> EMT-Basic Refresher Course			
<input type="checkbox"/> Idaho EMS Instructor Orientation Course			
<input type="checkbox"/> EST-Instructional Techniques and Principles			
<input type="checkbox"/> FEMA- Instructional Presentation Skills			
<input type="checkbox"/> NHTSA EMS Instructor Training Program			
<input type="checkbox"/> Equivalent Adult Instructional Methodology (Submit additional evidence – transcripts, certificates, course outlines or course objectives)			

<b>APPLICANTS REQUESTING INSTRUCTOR APPROVAL FOR ADVANCED EMT-A or EMT-PARAMEDIC LEVEL :</b> <b>Submit a resume and/or qualifying <i>credentials, education, or experience</i> that corresponds to the knowledge and skill objectives to be taught (attach supporting documentation).</b>
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By signing below, I verify that all statements on this application are true and correct.

\_\_\_\_\_  
Applicant Signature                      Date

### ***SEND OR DELIVER TO YOUR EMS BUREAU REGIONAL OFFICE***

REGIONAL OFFICE		CENTRAL OFFICE	PR APPROVAL (BLS)	C & L APPROVAL (ILS/ALS)
Received in Regional Office	Date	Received in Central Office	Approval Date/Initial	Approval Date/Initial
	Initial			